

## PROPOSED SCOPE OF WORK EVALUATION

PROPOSAL TITLE: \_\_\_\_\_

PRINCIPAL INVESTIGATORS: \_\_\_\_\_

Rating: Excellent - E Good - G Fair - F Questionable - Q

### 1) EVALUATION OF THE PROPOSED SCOPE OF WORK

- | <u>a) Evaluation Factors</u>  | <u>Rating</u> |
|---|---------------|
| 1. Clear, measurable objectives with specific timeframes .....  | _____         |
| 2. Relevance of objectives to recovery .....  | _____         |
| 3. Description of methods or approach, validity of methods, appropriateness of statistical analyses ..... | _____         |
| 4. Integration with existing knowledge / incorporation of relevant scientific literature .....            | _____         |
| 5. Feasibility and probability of achieving the stated objectives .....                                   | _____         |
| 6. Timeliness of proposed work .....  | _____         |

b) Overall Evaluation: (Check one box only)

☐ Excellent   ☐ Good   ☐ Fair   ☐ Questionable

### 2) BUDGET EVALUATION: Underestimated (-) Appropriate (x) Overestimated (+) Unknown (?)

Personnel ( )   Equipment ( )   Travel ( )   Materials ( )   Other ( )   TOTAL ( )

### FOR RECOVERY PROGRAM STAFF USE ONLY:

- | 3) EVALUATION OF PRINCIPAL INVESTIGATORS                                     | <u>Rating</u> |
|--|---------------|
| 1. Knowledge of, and experience in, the proposed area of work .....          | _____         |
| 2. Past accomplishments .....  | _____         |
| 3. Significance of previous contributions in this area of work .....         | _____         |
| 4. Group integration, cohesiveness, and collaboration (if appropriate) ..... | _____         |

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**4) DETAILED COMMENTS**

Explain the basis for your evaluation. The strengths and weaknesses of the proposed scope of work should be discussed, with specific comments on the potential contribution to recovery of the endangered fish in the upper Colorado River basin and on the background of the investigators in relation to the current application. Please provide any recommendations for improving the study proposal.

This review will be considered by Recovery Program staff and the Biology Committee. If you desire anonymity, please do not sign below. The Recovery Program sincerely appreciates your assistance.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN BY: \_\_\_\_\_